

CLAIM OF EXEMPTION FROM REGISTRATION

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

- A. Is the organization now or has the organization ever been **registered** under the Connecticut Solicitation of Charitable Funds Act? ☐ Yes ☐ No If yes, state the registration number: _____
- B. Provide the full legal name, mailing address and federal identification number of the organization:
- Name: _____
- Address: _____
- City, State & Zip Code: _____
- FEIN (Federal Identification Number): _____
- C. Telephone number: () _____ - _____ Fax number: () _____ - _____
- D. Name(s), other than stated in part B above, under which funds will be solicited.
- _____
- E. Is the organization incorporated? ☐ Yes ☐ No If yes, in the State of _____ in the year _____.
- F. The organization claims an exemption from the registration and financial reporting requirements of the Connecticut Solicitation of Charitable Funds Act as (check the applicable box and complete the line if necessary):
- ☐ 1. A duly organized religious corporation, religious institution or religious society.
- ☐ 2. A parent-teacher association of (name of school) _____; **or** an educational institution, the curricula of which are in whole or in part registered or approved by any State or the United States, either directly or by acceptance of accreditation by an accrediting body.
- ☐ 3. A non-profit hospital licensed in accordance with the laws of the State of _____.
- ☐ 4. A governmental unit or instrumentality of: (check one and complete the line if necessary)
____ the United States; ____ the state of _____; or ____ the town/city of _____.
- ☐ 5. An organization that solicits solely for the benefit of another organization that is described in numbers 1 through 4 above. If this applies check the box above that describes the organization for which you solicit and enter its name and address here:
Name: _____
Address: _____
City, State & Zip Code: _____
- ☐ 6. An organization that normally receives less than \$50,000 in contributions annually and does not compensate any person primarily to conduct solicitations. If this applies, **attach a statement** describing the purposes of the organization.
- G. Has the I.R.S. determined that this organization is tax exempt? ☐ Yes ☐ No
If yes, under which I.R.S. code section? _____. If no, is an application pending? ☐ Yes ☐ No

We hereby certify under penalty of false statement that we are authorized to sign this document on behalf of the organization and that the information provided is true and complete to the best of our knowledge.

Signed: _____	Date: _____ / _____ / _____
Printed name: _____	Title: _____
Signed: _____	Date: _____ / _____ / _____
Printed name: _____	Title: _____

STATE LAW REQUIRES THAT TWO PERSONS SIGN THIS FORM

INSTRUCTIONS FOR COMPLETING FORM CPC-54
CLAIM OF EXEMPTION FROM REGISTRATION

BEFORE COMPLETING THIS FORM

Review the six numbered exemption categories. If any of them describes your organization, you qualify for exemption from the registration and financial reporting requirements of the Connecticut Solicitation of Charitable Funds Act.

To claim the exemption, complete this form in accordance with the instructions below and mail it to:

Public Charities Unit
c/o Office of the Attorney General
55 Elm Street
P.O. Box 120
Hartford, CT 06141-0120

If none of the six numbered exemption categories listed on form CPC-54 apply to your organization, then you should **register** under the Connecticut Solicitation of Funds Act by completing form PCUREG-01 "Charitable Organization Registration Application". If you register, do not complete this form.

INSTRUCTIONS

1. If your organization is now or was formerly registered under the Act but is now claiming exemption from registration, be sure to provide your **registration number** in part A so that we can remove your organization from the list of registered organizations.
2. If you claim exemption number 2 as a parent-teacher association (or similar group), fill in the name of the school with which the association is affiliated.
3. If you claim exemption number 3 or 4 be sure to complete the additional information required for the exemption you claim.
4. If you claim exemption number 5, check the box above (1, 2, 3, or 4) that describes the organization for which you solicit and insert that organization's name and address in the space provided.
5. If you claim exemption 6, be sure to describe the purpose of your organization (what it was organized to accomplish) and state its major program activities (how it accomplishes its purpose).
6. Two persons must sign form CPC-54.